

## State Water Resources Control Board

Division of Drinking Water

June 19, 2017

System No. 3610021

Joaquin Baeza, Superintendent  
Fallsvale Service Company  
P.O. Box 23  
Forest Falls, CA 92339  
[Joaquinbaeza31@yahoo.com](mailto:Joaquinbaeza31@yahoo.com)

**CITATION NO. 05-13-17C-015  
TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION  
FOR MAY 2017**

Enclosed is a Citation issued to the Fallsvale Service Company (hereinafter "Company") public water system.

The Company will be billed at the State Water Resources Control Board's (hereinafter "State Board") hourly rate for the time spent on issuing this Citation. California Health and Safety Code, Section 116577, provides that a public water system must reimburse the State Board for actual costs incurred by the State Board for specified enforcement actions, including but not limited to, preparing, issuing and monitoring compliance with a citation.

The Company will receive a bill sent from the State Board in August of the next fiscal year. This bill will contain fees for any enforcement time spent on the Company for the current fiscal year.

If you have any questions regarding this matter, please contact Amanda Chapman of my staff at 909-383-4320 or me at 909-383-4328.

Sincerely,



Eric J. Zúñiga, P.E.  
District Engineer  
San Bernardino District  
Southern California Field Operations Branch

Enclosures

Certified Mail No. 7006 2150 0004 3940 8133

cc:

Diana Almond, San Bernardino County EHS, via e-mail [Diana.Almond@dph.sbcounty.gov](mailto:Diana.Almond@dph.sbcounty.gov)

Joy Chakma, San Bernardino County EHS, via e-mail [Joy.Chakma@dph.sbcounty.gov](mailto:Joy.Chakma@dph.sbcounty.gov)

STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
DIVISION OF DRINKING WATER

**Name of Public Water System:** Fallsvale Service Company

**Water System No:** 3610021

**Attention:** Joaquin Baeza, Superintendent

P.O. Box 23

Forest Falls, CA 92339

**Issued:** June 19, 2017

**CITATION FOR NONCOMPLIANCE**

**TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION  
CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 64426.1  
MAY 2017**

The California Health and Safety Code (hereinafter "CHSC"), Section 116650 authorizes the State Water Resources Control Board (hereinafter "State Board") to issue a citation to a public water system when the State Board determines that the public water system has violated or is violating the California Safe Drinking Water Act (hereinafter "California SDWA"), (CHSC, Division 104, Part 12, Chapter 4, commencing with Section 116270), or any regulation, standard, permit, or order issued or adopted thereunder.

1 The State Board, acting by and through its Division of Drinking Water  
2 (hereinafter "Division") and the Deputy Director for the Division, hereby issues  
3 this citation pursuant to Section 116650 of the CHSC to the Fallsdale Service  
4 Company (hereinafter "Company") for violation of CHSC, Section  
5 116555(a)(1) and California Code of Regulations (hereinafter "CCR"), Title  
6 22, Section 64426.1.

7  
8 A copy of the applicable statutes and regulations are included in Appendix 1,  
9 which is attached hereto and incorporated by reference.

#### 10 11 **STATEMENT OF FACTS**

12 The Company is classified as a community water system with a population of  
13 1,909, serving 492 connections. The Division received laboratory results for  
14 nine bacteriological samples collected during May 2017 from the Company.  
15 All samples were analyzed for the presence of total coliform bacteria. Four of  
16 the nine samples analyzed were positive for total coliform bacteria. The  
17 Division also received four bacteriological samples for Snow Creek Well,  
18 where three of the four samples were positive for total coliform bacteria. None  
19 of the total coliform positive samples showed the presence of *Escherichia coli*  
20 (*E. coli*) bacteria.

21  
22 The Company did not collect a complete repeat sample set within 24 hours of  
23 being notified of the positive result on May 16, 2017. The Company collected  
24 a repeat sample at the original location and at Snow Creek Well, but not at  
25 the upstream and downstream locations identified in the current  
26 bacteriological sample siting plan on file approved March 25, 2013.



**DETERMINATION**

CCR, Title 22, Section 64426.1, Total Coliform Maximum Contaminant Level (MCL) states that a public water system is in violation of the total coliform MCL if it collects fewer than 40 bacteriological samples per month and if more than one sample collected during any month is total coliform-positive.

The Company took fewer than 40 bacteriological samples during May 2017. The results of four routine samples were total coliform positive. Therefore, the Division has determined that the Company violated CCR, Title 22, Section 64426.1 during May 2017.

CCR, Title 22, Section 64424, Repeat Sampling states that for a water supplier that normally collects more than one routine sample a month, a repeat sample set shall be at least three samples for each total coliform-positive sample.

The Company took one repeat sample at the original location and the well sample for the groundwater rule within 24 hours of being notified of the positive result. There were no upstream or downstream samples, as identified in the Bacteriological Sample Siting Plan, collected at this time. Therefore, the Division has determined that the Company violated CCR, Title 22, Section 64424 during May 2017.

**DIRECTIVES**

The Company is hereby directed to take the following actions:

1. Comply with CCR, Title 22, Section 64426.1, in all future monitoring periods.
2. On or before **June 16, 2017** notify all persons served by the Company of the violation of Section 64426.1, in conformance with CCR, Title 22, Sections 64463.4(b)&(c) and 64465. Copies of Sections 64463.4 and 64465 are included in Appendix 1. **THE COMPANY ALREADY FULFILLED THIS DIRECTIVE AND WAS DISTRIBUTED JUNE 5, 2017.** A copy of the notice is included in **Appendix 2.**
3. Complete Appendix 3: Compliance Certification Form. Submit it together with a copy of the public notification to the Division on or before **June 16, 2017.** **THE COMPANY ALREADY FULFILLED THIS DIRECTIVE AND SUBMITTED THE FORM ON JUNE 6, 2017.** A copy of the proof of notification is included in **Appendix 3.**
4. Submit the information required by CCR, Title 22, Section 64426(b)(2) on or before **June 16, 2017.** **THE COMPANY ALREADY FULFILLED THIS DIRECTIVE AND SUBMITTED A COMPLETE LEVEL 1 ASSESSMENT ON MAY 24, 2017.** A copy of the level 1 assessment is included in **Appendix 4.**
5. Pursuant to CCR, Title 22, Section 64424(d), collect and have analyzed for total coliform bacteria five (5) routine bacteriological samples on or before **June 30, 2017.**

6. The Company shall submit an updated Bacteriological Sample Siting Plan to the Division by **July 17, 2017**. A copy of the Bacteriological Sample Siting Plan form is included in **Appendix 5**.

All submittals required by this Citation shall be electronically submitted to the Division at the following address. The subject line for all electronic submittals corresponding to this citation shall include the following information: Water System name and number, citation number and title of the document being submitted.

Eric J. Zúñiga, P.E.

San Bernardino District Engineer

Dwpdist13@waterboards.ca.gov

The State Board reserves the right to make such modifications to this Citation as it may deem necessary to protect public health and safety. Such modifications may be issued as amendments to this Citation and shall be effective upon issuance.

Nothing in this Citation relieves the Company of its obligation to meet the requirements of the California SDWA (CHSC, Division 104, Part 12, Chapter 4, commencing with Section 116270), or any regulation, standard, permit or order issued or adopted thereunder.

#### **PARTIES BOUND**

This Citation shall apply to and be binding upon the Company, its owners, shareholders, officers, directors, agents, employees, contractors, successors, and assignees.



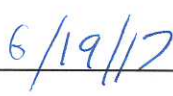
**SEVERABILITY**

The directives of this Citation are severable, and the Company shall comply with each and every provision thereof notwithstanding the effectiveness of any provision.

**FURTHER ENFORCEMENT ACTION**

The California SDWA authorizes the State Board to: issue a citation or order with assessment of administrative penalties to a public water system for violation or continued violation of the requirements of the California SDWA or any regulation, permit, standard, citation, or order issued or adopted thereunder including, but not limited to, failure to correct a violation identified in a citation or compliance order. The California SDWA also authorizes the State Board to take action to suspend or revoke a permit that has been issued to a public water system if the public water system has violated applicable law or regulations or has failed to comply with an order of the State Board, and to petition the superior court to take various enforcement measures against a public water system that has failed to comply with an order of the State Board. The State Board does not waive any further enforcement action by issuance of this Citation.

  
Eric J. Zúñiga, P.E.

  
Date





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Appendices (6):

1. Applicable Statutes and Regulations
2. Completed Public Notification
3. Completed Public Notification Certification Form
4. Completed Positive Total Coliform Investigation Report Form
5. Bacteriological Sample Siting Plan Form
6. May Bacteriological Summary and Samples

10 Certified Mail No. 7006 2150 0004 3940 8133

# Appendix 1

## APPENDIX 1. APPLICABLE STATUTES AND REGULATIONS FOR CITATION NO. 05-13-17C-015

*NOTE: The following language is provided for the convenience of the recipient, and cannot be relied upon as the State of California's representation of the law. The published codes are the only official representation of the law. Regulations related to drinking water are in Titles 22 and 17 of the California Code of Regulations. Statutes related to drinking water are in the Health & Safety Code, the Water Code, and other codes.*

### **California Health and Safety Code (CHSC):**

#### **Section 116271 states in relevant part:**

(a) The State Water Resources Control Board succeeds to and is vested with all of the authority, duties, powers, purposes, functions, responsibilities, and jurisdiction of the State Department of Public Health, its predecessors, and its director for purposes of all of the following:

- (1) The Environmental Laboratory Accreditation Act (Article 3 (commencing with Section 100825) of Chapter 4 of Part 1 of Division 101).
- (2) Article 3 (commencing with Section 106875) of Chapter 4 of Part 1.
- (3) Article 1 (commencing with Section 115825) of Chapter 5 of Part 10.
- (4) This chapter and the Safe Drinking Water State Revolving Fund Law of 1997 (Chapter 4.5 (commencing with Section 116760)).
- (5) Article 2 (commencing with Section 116800), Article 3 (commencing with Section 116825), and Article 4 (commencing with Section 116875) of Chapter 5.
- (6) Chapter 7 (commencing with Section 116975).
- (7) The Safe Drinking Water, Water Quality and Supply, Flood Control, River and Coastal Protection Bond Act of 2006 (Division 43 (commencing with Section 75001) of the Public Resources Code).
- (8) The Water Recycling Law (Chapter 7 (commencing with Section 13500) of Division 7 of the Water Code).
- (9) Chapter 7.3 (commencing with Section 13560) of Division 7 of the Water Code.
- (10) The California Safe Drinking Water Bond Law of 1976 (Chapter 10.5 (commencing with Section 13850) of Division 7 of the Water Code).
- (11) Wholesale Regional Water System Security and Reliability Act (Division 20.5 (commencing with Section 73500) of the Water Code).
- (12) Water Security, Clean Drinking Water, Coastal and Beach Protection Act of 2002 (Division 26.5 (commencing with Section 79500) of the Water Code).

(b) The State Water Resources Control Board shall maintain a drinking water program and carry out the duties, responsibilities, and functions described in this section. Statutory reference to "department," "state department," or "director" regarding a function transferred to the State Water Resources Control Board shall refer to the State Water Resources Control Board. This section does not impair the authority of a local health officer to enforce this chapter or a county's election not to enforce this chapter, as provided in Section 116500...

- (k)
- (1) The State Water Resources Control Board shall appoint a deputy director who reports to the executive director to oversee the issuance and enforcement of public water system permits and other duties as appropriate. The deputy director shall have public health expertise.
  - (2) The deputy director is delegated the State Water Resources Control Board's authority to provide notice, approve notice content, approve emergency notification plans, and take other action pursuant to Article 5 (commencing with Section 116450), to issue, renew, reissue, revise, amend, or deny any public water system permits pursuant to Article 7 (commencing with Section 116525), to suspend or revoke any public water system permit pursuant to Article 8 (commencing with Section 116625), and to issue citations, assess penalties, or issue orders pursuant to Article 9 (commencing with Section 116650). Decisions and actions of the deputy director taken pursuant to Article 5 (commencing with Section 116450) or Article 7 (commencing with Section 116525) are deemed decisions and actions taken, but are not subject to reconsideration, by the State Water Resources Control Board. Decisions and actions of the deputy director taken pursuant to Article 8 (commencing with Section 116625) and Article 9 (commencing with Section 116650) are deemed decisions and actions taken by the State Water Resources Control Board, but any aggrieved person may petition the State Water Resources Control Board for reconsideration of the decision or action. This subdivision is not a limitation on the State Water Resources Control Board's authority to delegate any other powers and duties.

#### **Section 116555 states in relevant part:**

(a) Any person who owns a public water system shall ensure that the system does all of the following:

- (1) Complies with primary and secondary drinking water standards.
- (2) Will not be subject to backflow under normal operating conditions.
- (3) Provides a reliable and adequate supply of pure, wholesome, healthful, and potable water.

**Section 116650 states in relevant part:**

- (a) If the state board determines that a public water system is in violation of this chapter or any regulation, permit, standard, citation, or order issued or adopted thereunder, the state board may issue a citation to the public water system. The citation shall be served upon the public water system personally or by certified mail. Service shall be deemed effective as of the date of personal service or the date of receipt of the certified mail. If a person to whom a citation is directed refuses to accept delivery of the certified mail, the date of service shall be deemed to be the date of mailing.
- (b) Each citation shall be in writing and shall describe the nature of the violation or violations, including a reference to the statutory provision, standard, order, citation, permit, or regulation alleged to have been violated.
- (c) A citation may specify a date for elimination or correction of the condition constituting the violation.
- (d) A citation may include the assessment of a penalty as specified in subdivision (e).
- (e) The state board may assess a penalty in an amount not to exceed one thousand dollars (\$1,000) per day for each day that a violation occurred, and for each day that a violation continues to occur. A separate penalty may be assessed for each violation and shall be in addition to any liability or penalty imposed under any other law.

**California Code of Regulations, Title 22 (CCR):**

**Section 64421 (General Requirements) states:**

- (a) Each water supplier shall:
  - (1) Develop a routine sample siting plan as required in section 64422;
  - (2) Collect routine, repeat and replacement samples as required in Sections 64423, 64424, and 64425;
  - (3) Have all samples analyzed by laboratories approved to perform those analyses by the State Board and report results as required in section 64423.1;
  - (4) Notify the State Board when there is an increase in coliform bacteria in bacteriological samples as required in section 64426; and
  - (5) Comply with the Maximum Contaminant Level as required in section 64426.1.
- (b) Water suppliers shall perform additional bacteriological monitoring as follows:
  - (1) After construction or repair of wells;
  - (2) After main installation or repair;
  - (3) After construction, repair, or maintenance of storage facilities; and
  - (4) After any system pressure loss to less than five psi. Samples collected shall represent the water quality in the affected portions of the system.

**Section 64422 (Routine Sample Siting Plan) states:**

- (a) By September 1, 1992, each water supplier shall develop and submit to the State Board a siting plan for the routine collection of samples for total coliform analysis, subject to the following:
  - (1) The sample sites chosen shall be representative of water throughout the distribution system including all pressure zones, and areas supplied by each water source and distribution reservoir.
  - (2) The water supplier may rotate sampling among the sample sites if the total number of sites needed to comply with (a)(1) above exceeds the number of samples required according to Table 64423-A. The rotation plan shall be described in the sample siting plan.
- (b) If personnel other than certified operators will be performing field tests and/or collecting samples, the sample siting plan shall include a declaration that such personnel have been trained, pursuant to §64415 (b).
- (c) The supplier shall submit an updated plan to the State Board at least once every ten years and at any time the plan no longer ensures representative monitoring of the system.

**Section 64423 (Routine Sampling) states:**

- (a) Each water supplier shall collect routine bacteriological water samples as follows:
  - (1) The minimum number of samples for community water systems shall be based on the known population served or the total number of service connections, whichever results in the greater number of samples, as shown in Table 64423-A. A community water system using groundwater which serves 25-1000 persons may request from the State Board a reduction in monitoring frequency. The minimum reduced frequency shall not be less than one sample per quarter.
  - (2) The minimum number of samples for nontransient-noncommunity water systems shall be based on the known population served as shown in Table 64423-A during those months when the system is operating. A nontransient-noncommunity water system using groundwater which serves 25-1000 persons may request from the State Board a reduction in monitoring frequency if it has not violated the requirements in this article during the past twelve months. The minimum reduced frequency shall not be less than one sample per quarter.
  - (3) The minimum number of samples for transient-noncommunity water systems using groundwater and serving 1000 or fewer persons a month shall be one in each calendar quarter during which the system provides water to the public.
  - (4) The minimum number of samples for transient-noncommunity water systems using groundwater and serving more than 1000 persons during any month shall be based on the known population served as shown in Table 64423-A, except that the water supplier may request from the State Board a reduction in monitoring for any month the system serves 1000 persons or fewer. The minimum reduced frequency shall not be less than one sample in each calendar quarter during which the system provides water to the public.



(5) The minimum number of samples for transient-noncommunity water systems using approved surface water shall be based on the population served as shown in Table 64423-A. A system using groundwater under the direct influence of surface water shall begin monitoring at this frequency by the end of the sixth month after the State Board has designated the source to be approved surface water.

(6) A public water system shall collect samples at regular time intervals throughout the month, except that a system using groundwater which serves 4,900 persons or fewer may collect all required samples on a single day if they are taken from different sites.

(b) In addition to the minimum sampling requirements, all water suppliers using approved surface water which do not practice treatment in compliance with Sections 64650 through 64666, shall collect a minimum of one sample before or at the first service connection each day during which the turbidity level of the water delivered to the system exceeds 1 NTU. The sample shall be collected within 24 hours of the exceedance and shall be analyzed for total coliforms. If the water supplier is unable to collect and/or analyze the sample within the 24-hour time period because of extenuating circumstances beyond its control, the supplier shall notify the State Board within the 24-hour time period and may request an extension. Sample results shall be included in determining compliance with the MCL for total coliforms in Section 64426.1.

(c) If any routine, repeat, or replacement sample is total coliform-positive, then the water supplier shall collect repeat samples in accordance with Section 64424 and comply with the reporting requirements specified in Sections 64426 and 64426.1.

**Table 64423-A**  
Minimum Number of Routine Total Coliform Samples

Monthly Population Served	Service Connections	Minimum Number of Samples
25 to 1000	15 to 400	1 per month
1,001 to 2,500	401 to 890	2 per month
2,501 to 3,300	891 to 1,180	3 per month
3,301 to 4,100	1,181 to 1,460	4 per month
4,101 to 4,900	1,461 to 1,750	5 per month
4,901 to 5,800	1,751 to 2,100	6 per month
5,801 to 6,700	2,101 to 2,400	7 per month
6,701 to 7,600	2,401 to 2,700	2 per week
7,601 to 12,900	2,701 to 4,600	3 per week
12,901 to 17,200	4,601 to 6,100	4 per week
17,201 to 21,500	6,101 to 7,700	5 per week
21,501 to 25,000	7,701 to 8,900	6 per week
25,001 to 33,000	8,901 to 11,800	8 per week
33,001 to 41,000	11,801 to 14,600	10 per week
41,001 to 50,000	14,601 to 17,900	12 per week
50,001 to 59,000	17,901 to 21,100	15 per week
59,001 to 70,000	21,101 to 25,000	18 per week
70,001 to 83,000	25,001 to 29,600	20 per week
83,001 to 96,000	29,601 to 34,300	23 per week
96,001 to 130,000	34,301 to 46,400	25 per week
130,001 to 220,000	46,401 to 78,600	30 per week
220,001 to 320,000	78,601 to 114,300	38 per week
320,001 to 450,000	114,301 to 160,700	50 per week
450,001 to 600,000	160,701 to 214,300	55 per week
600,001 to 780,000	214,301 to 278,600	60 per week
780,001 to 970,000	278,601 to 346,400	70 per week
970,001 to 1,230,000	346,401 to 439,300	75 per week
1,230,001 to 1,520,000	439,301 to 542,900	85 per week
1,520,001 to 1,850,000	542,901 to 660,700	90 per week
1,850,001 to 2,270,000	660,701 to 810,700	98 per week
2,270,001 to 3,020,000	810,701 to 1,078,600	105 per week
3,020,001 to 3,960,000	1,078,601 to 1,414,300	110 per week
3,960,001 or more	1,414,301 or more	120 per week

**Section 64423.1 (Sample Analysis and Reporting of Results) states:**

(a) The water supplier shall designate (label) each sample as routine, repeat, replacement, or "other" pursuant to Section 64421(b), and have each sample analyzed for total coliforms. The supplier also shall require the laboratory to analyze the same sample for fecal coliforms or *Escherichia coli* (*E. coli*) whenever the presence of total coliforms is indicated. As a minimum, the analytical results shall be reported in terms of the presence or absence of total or fecal coliforms, or *E. coli* in the sample, whichever is appropriate.

(b) The water supplier shall require the laboratory to notify the supplier within 24 hours, whenever the presence of total coliforms, fecal coliforms or *E. coli* is demonstrated in a sample or a sample is invalidated due to interference problems, pursuant to Section 64425(b), and shall ensure that a contact person is available to receive these analytical results 24-hours a day. The water supplier shall also require the laboratory to immediately notify the State

Board of any positive bacteriological results if the laboratory cannot make direct contact with the designated contact person within 24 hours.

(c) Analytical results of all required samples collected for a system in a calendar month shall be reported to the State Board not later than the tenth day of the following month, as follows:

(1) The water supplier shall submit a monthly summary of the bacteriological monitoring results to the State Board.

(2) For systems serving fewer than 10,000 service connections or 33,000 persons, the water supplier shall require the laboratory to submit copies of all required bacteriological monitoring results directly to the State Board.

(3) For systems serving more than 10,000 service connections, or 33,000 persons, the water supplier shall require the laboratory to submit copies of bacteriological monitoring results for all positive routine samples and all repeat samples directly to the State Board.

(d) Laboratory reports shall be retained by the water supplier for a period of at least five years and shall be made available to the State Board upon request.

**Section 64424 (Repeat Sampling) states in relevant part:**

(a) If a routine sample is total coliform-positive, the water supplier shall collect a repeat sample set as described in paragraph (1) within 24 hours of being notified of the positive result. The repeat samples shall all be collected within the same 24 hour time period. A single service connection system may request that the State Board allow the collection of the repeat sample set over a four-day period.

(1) For a water supplier that normally collects more than one routine sample a month, a repeat sample set shall be at least three samples for each total coliform-positive sample. For a water supplier that normally collects one or fewer samples per month, a repeat sample set shall be at least four samples for each total coliform-positive sample.

(2) If the water supplier is unable to collect the samples within the 24-hour time period specified in subsection (a) or deliver the samples to the laboratory within 24 hours after collection because of circumstances beyond its control, the water supplier shall notify the State Board within 24 hours. The State Board will then determine how much time the supplier will have to collect the repeat samples.

(b) When collecting the repeat sample set, the water supplier shall collect at least one repeat sample from the sampling tap where the original total coliform-positive sample was taken. Other repeat samples shall be collected within five service connections upstream or downstream of the original site. At least one sample shall be from upstream and one from downstream unless there is no upstream and/or downstream service connection.

(c) If one or more samples in the repeat sample set is total coliform-positive, the water supplier shall collect and have analyzed an additional set of repeat samples as specified in subsections (a) and (b). The supplier shall repeat this process until either no coliforms are detected in one complete repeat sample set or the supplier determines that the MCL for total coliforms specified in Section 64426.1 has been exceeded and notifies the State Board.

(d) If a public water system for which fewer than five routine samples/month are collected has one or more total coliform-positive samples, the water supplier shall collect at least five routine samples the following month. If the supplier stops supplying water during the month after the total coliform-positive(s), at least five samples shall be collected during the first month the system resumes operation. A water supplier may request the State Board waive the requirement to collect at least five routine samples the following month, but a waiver will not be granted solely on the basis that all repeat samples are total coliform-negative. To request a waiver, one of the following conditions shall be met:

(1) The State Board conducts a site visit before the end of the next month the system provides water to the public to determine whether additional monitoring and/or corrective action is necessary to protect public health.

(2) The State Board determines why the sample was total coliform-positive and establishes that the system has corrected the problem or will correct the problem before the end of the next month the system serves water to the public. If a waiver is granted, a system shall collect at least one routine sample before the end of the next month it serves water to the public and use it to determine compliance with Section 64426.1.

**Section 64425 (Sample Invalidation) states:**

(a) A water supplier may request the Department to invalidate a sample for which a total coliform-positive result has been reported if the supplier demonstrates:

(1) All repeat sample(s) collected at the same tap as the original total coliform-positive sample also are total coliform-positive and all repeat samples collected within five service connections of the original tap are not total coliform-positive; or

(2) The laboratory did not follow the prescribed analytical methods pursuant to §64415(a), based on a review of laboratory documentation by the Department. The supplier shall submit to the Department a written request for invalidation along with the laboratory documentation, the supplier's sample collection records and any observations noted during sample collection and delivery. The water supplier shall require the laboratory to provide the supplier with documentation which shall include, but not be limited to:

(A) A letter from the director of the laboratory having generated the data, confirming the invalidation request by reason of laboratory accident or error;

(B) Complete sample identification, laboratory sample log number (if used), date and time of collection, date and time of receipt by the laboratory, date and time of analysis for the sample(s) in question;

- (C) Complete description of the accident or error alleged to have invalidated the result(s);
- (D) Copies of all analytical, operating, and quality assurance records pertaining to the incident in question; and
- (E) Any observations noted by laboratory personnel when receiving and analyzing the sample(s) in question.

(b) Whenever any total coliform sample result indicative of the absence of total coliforms has been declared invalid by the laboratory due to interference problems as specified at 40 Code Federal Regulations, Section 141.2100(c)(2), the supplier shall collect a replacement sample from the same location as the original sample within 24 hours of being notified of the interference problem, and have it analyzed for the presence of total coliforms. The supplier shall continue to re-sample at the original site within 24 hours and have the samples analyzed until a valid result is obtained.

**Section 64426 (Significant Rise in Bacterial Count) states in relevant part:**

- (a) Any of the following criteria shall indicate a possible significant rise in bacterial count:
  - (1) A system collecting at least 40 samples per month has a total coliform-positive routine sample followed by two total coliform-positive repeat samples in the repeat sample set;
  - (2) A system has a sample which is positive for fecal coliform or *E. coli*; or
  - (3) A system fails the total coliform Maximum Contaminant Level (MCL) as defined in Section 64426.1.
- (b) When the coliform levels specified in subsection (a) are reached or exceeded, the water supplier shall:
  - (1) Contact the State Board by the end of the day on which the system is notified of the test result or the system determines that it has exceeded the MCL, unless the notification or determination occurs after the State Board office is closed, in which case the supplier shall notify the State Board within 24 hours; and
  - (2) Submit to the State Board information on the current status of physical works and operating procedures which may have caused the elevated bacteriological findings, or any information on community illness suspected of being waterborne. This shall include, but not be limited to:
    - (A) Current operating procedures that are or could potentially be related to the increase in bacterial count;
    - (B) Any interruptions in the treatment process;
    - (C) System pressure loss to less than 5 psi;
    - (D) Vandalism and/or unauthorized access to facilities;
    - (E) Physical evidence indicating bacteriological contamination of facilities;
    - (F) Analytical results of any additional samples collected, including source samples;
    - (G) Community illness suspected of being waterborne; and
    - (H) Records of the investigation and any action taken.

**Section 64426.1 (Total Coliform Maximum Contaminant Level (MCL)) states in relevant part:**

- (b) A public water system is in violation of the total coliform MCL when any of the following occurs:
  - (1) For a public water system which collects at least 40 samples per month, more than 5.0 percent of the samples collected during any month are total coliform-positive; or
  - (2) For a public water system which collects fewer than 40 samples per month, more than one sample collected during any month is total coliform-positive; or
  - (3) Any repeat sample is fecal coliform-positive or *E. coli*-positive; or
  - (4) Any repeat sample following a fecal coliform-positive or *E. coli*-positive routine sample is total coliform-positive.
- (c) If a public water system is not in compliance with paragraphs (b)(1) through (4), during any month in which it supplies water to the public, the water supplier shall notify the State Board by the end of the business day on which this is determined, unless the determination occurs after the State Board office is closed, in which case the supplier shall notify the State Board within 24 hours of the determination. The water supplier shall also notify the consumers served by the water system. A Tier 2 Public Notice shall be given for violations of paragraph (b)(1) or (2), pursuant to section 64463.4. A Tier 1 Public Notice shall be given for violations of paragraph (b)(3) or (4), pursuant to section 64463.1.

**Section 64463.1 (Tier 1 Public Notice) states in relevant part:**

- (a) A water system shall give public notice pursuant to this section and section 64465 if any of the following occurs:
  - (1) Violation of the total coliform MCL when:
    - (A) Fecal coliform or *E. coli* are present in the distribution system; or
    - (B) When any repeat sample tests positive for coliform and the water system fails to test for fecal coliforms or *E. coli* in the repeat sample;...
- (b) As soon as possible within 24 hours after learning of any of the violations in subsection (a) or being notified by the State Board that it has determined there is a potential for adverse effects on human health [pursuant to paragraph (a)(4), (5), or (6)], the water system shall:
  - (1) Give public notice pursuant to this section;
  - (2) Initiate consultation with the State Board within the same timeframe; and
  - (3) Comply with any additional public notice requirements that are determined by the consultation to be necessary to protect public health.
- (c) A water system shall deliver the public notice in a manner designed to reach residential, transient, and nontransient users of the water system and shall use, as a minimum, one of the following forms:

- (1) Radio or television;
- (2) Posting in conspicuous locations throughout the area served by the water system;
- (3) Hand delivery to persons served by the water system; or
- (4) Other method approved by the State Board, based on the method's ability to inform water system users.

**Section 64463.4 (Tier 2 Public Notice) states:**

- (a) A water system shall give public notice pursuant to this section if any of the following occurs:
  - (1) Any violation of the MCL, MRDL, and treatment technique requirements, except:
    - (A) Where a Tier 1 public notice is required under section 64463.1; or
    - (B) Where the State Board determines that a Tier 1 public notice is required, based on potential health impacts and persistence of the violations;
  - (2) All violations of the monitoring and testing procedure requirements in sections 64421 through 64426.1, article 3 (Primary Standards – Bacteriological Quality), for which the State Board determines that a Tier 2 rather than a Tier 3 public notice is required, based on potential health impacts and persistence of the violations;
  - (3) Other violations of the monitoring and testing procedure requirements in this chapter, and chapters 15.5, 17 and 17.5, for which the State Board determines that a Tier 2 rather than a Tier 3 public notice is required, based on potential health impacts and persistence of the violations; or
  - (4) Failure to comply with the terms and conditions of any variance or exemption in place.
- (b) A water system shall give the notice as soon as possible within 30 days after it learns of a violation or occurrence specified in subsection (a), except that the water system may request an extension of up to 60 days for providing the notice. This extension would be subject to the State Board's written approval based on the violation or occurrence having been resolved and the State Board's determination that public health and welfare would in no way be adversely affected. In addition, the water system shall:
  - (1) Maintain posted notices in place for as long as the violation or occurrence continues, but in no case less than seven days;
  - (2) Repeat the notice every three months as long as the violation or occurrence continues. Subject to the State Board's written approval based on its determination that public health would in no way be adversely affected, the water system may be allowed to notice less frequently but in no case less than once per year. No allowance for reduced frequency of notice shall be given in the case of a total coliform MCL violation or violation of a Chapter 17 treatment technique requirement; and
  - (3) For turbidity violations pursuant to sections 64652.5(c)(2) and 64653(c), (d) and (f), as applicable, a water system shall consult with the State Board as soon as possible within 24 hours after the water system learns of the violation to determine whether a Tier 1 public notice is required. If consultation does not take place within 24 hours, the water system shall give Tier 1 public notice within 48 hours after learning of the violation.
- (c) A water system shall deliver the notice, in a manner designed to reach persons served, within the required time period as follows:
  - (1) Unless otherwise directed by the State Board in writing based on its assessment of the violation or occurrence and the potential for adverse effects on public health and welfare, community water systems shall give public notice by:
    - (A) Mail or direct delivery to each customer receiving a bill including those that provide their drinking water to others (e.g., schools or school systems, apartment building owners, or large private employers), and other service connections to which water is delivered by the water system; and
    - (B) Use of one or more of the following methods to reach persons not likely to be reached by a mailing or direct delivery (renters, university students, nursing home patients, prison inmates, etc.):
      1. Publication in a local newspaper;
      2. Posting in conspicuous public places served by the water system, or on the Internet; or
      3. Delivery to community organizations.
  - (2) Unless otherwise directed by the State Board in writing based on its assessment of the violation or occurrence and the potential for adverse effects on public health and welfare, noncommunity water systems shall give the public notice by:
    - (A) Posting in conspicuous locations throughout the area served by the water system; and
    - (B) Using one or more of the following methods to reach persons not likely to be reached by a public posting:
      1. Publication in a local newspaper or newsletter distributed to customers;
      2. E-mail message to employees or students;
      3. Posting on the Internet or intranet; or
      4. Direct delivery to each customer.

**Section 64465 (Public Notice Content and Format) states in relevant part:**

- (a) Each public notice given pursuant to this article, except Tier 3 public notices for variances and exemptions pursuant to subsection (b), shall contain the following:
  - (1) A description of the violation or occurrence, including the contaminant(s) of concern, and (as applicable) the contaminant level(s);
  - (2) The date(s) of the violation or occurrence;



- (3) Any potential adverse health effects from the violation or occurrence, including the appropriate standard health effects language from appendices 64465-A through G;
- (4) The population at risk, including subpopulations particularly vulnerable if exposed to the contaminant in drinking water;
- (5) Whether alternative water supplies should be used;
- (6) What actions consumers should take, including when they should seek medical help, if known;
- (7) What the water system is doing to correct the violation or occurrence;
- (8) When the water system expects to return to compliance or resolve the occurrence;
- (9) The name, business address, and phone number of the water system owner, operator, or designee of the water system as a source of additional information concerning the public notice;
- (10) A statement to encourage the public notice recipient to distribute the public notice to other persons served, using the following standard language: —Please share this information with all the other people who drink this water, especially those who may not have received this public notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail; and
- (11) For a water system with a monitoring and testing procedure violation, this language shall be included: “We are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not your drinking water meets health standards. During [compliance period dates], we [‘did not monitor or test’ or ‘did not complete all monitoring or testing’] for [contaminant(s)], and therefore, cannot be sure of the quality of your drinking water during that time.” ...
- (c) A public water system providing notice pursuant to this article shall comply with the following multilingual-related requirements:
- (2) For a Tier 2 or Tier 3 public notice:
- (A) The notice shall contain information in Spanish regarding the importance of the notice, or contain a telephone number or address where Spanish-speaking residents may contact the public water system to obtain a translated copy of the notice or assistance in Spanish; and
- (B) When a non-English speaking group other than Spanish-speaking exceeds 1,000 residents or 10 percent of the residents served by the public water system, the notice shall include:
1. Information in the appropriate language(s) regarding the importance of the notice; or
  2. A telephone number or address where such residents may contact the public water system to obtain a translated copy of the notice or assistance in the appropriate language; and
- (3) For a public water system subject to the Dymally-Alatorre Bilingual Services Act, Chapter 17.5, Division 7, of the Government Code (commencing with section 7290), meeting the requirements of this Article may not ensure compliance with the Dymally-Alatorre Bilingual Services Act.
- (d) Each public notice given pursuant to this article shall:
- (1) Be displayed such that it catches people’s attention when printed or posted and be formatted in such a way that the message in the public notice can be understood at the eighth-grade level;
  - (2) Not contain technical language beyond an eighth-grade level or print smaller than 12 point; and
  - (3) Not contain language that minimizes or contradicts the information being given in the public notice.

#### **Appendix 64465-A. Health Effects Language - Microbiological Contaminants.**

<b>Contaminant</b>	<b>Health Effects Language</b>
Total Coliform	Coliforms are bacteria that are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.
Fecal coliform/E. coli	Fecal coliforms and E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Microbes in these wastes can cause short-term effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a special health risk for infants, young children, some of the elderly, and people with severely compromised immune systems.
Turbidity	Turbidity has no health effects. However, high levels of turbidity can interfere with disinfection and provide a medium for microbial growth. Turbidity may indicate the presence of disease-causing organisms. These organisms include bacteria, viruses, and parasites that can cause symptoms such as nausea, cramps, diarrhea, and associated headaches.

**Section 64469 (Reporting Requirements) states in relevant part:**

- (d) Within 10 days of giving initial or repeat public notice pursuant to Article 18 of this Chapter, except for notice given under section 64463.7(d), each water system shall submit a certification to the State Board that it has done so, along with a representative copy of each type of public notice given.

**Section 64481 (Content of the Consumer Confidence Report) states in relevant part:**

- (g) For the year covered by the report, the Consumer Confidence Report shall note any violations of paragraphs (1) through (7) and give related information, including any potential adverse health effects, and the steps the system has taken to correct the violation.

- (1) Monitoring and reporting of compliance data.

# Appendix 2



## IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.

Tradúzcalo o hable con alguien que lo entienda bien.

### Fallsvale Service Co. Had Levels of Coliform Bacteria Above the Drinking Water Standard

Our water system recently violated a drinking water standard. Although this is not an emergency, as our customers, you have a right to know what you should do, what happened, and what we did to correct this situation.

We routinely monitor for drinking water contaminants. We took four samples to test for the presence of coliform bacteria during the month of May, 2017. Two of those samples showed the presence of total coliform bacteria. The standard is that no more than one sample per month may do so.

#### What should I do?

- **You do not need to boil your water or take other corrective actions.**
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the system's treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing, and further testing shows that this problem has been resolved.**
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from U.S. EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.



**What happened? What was done?**

•The well and/or distribution system has been disinfected and additional samples do not show presence of coliform bacteria. Clinical Lab of San Bernardino has confirmed that all current water samples were absent.

For more information, please contact Joaquin Baeza at 909-370-8027.

*Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.*

**Secondary Notification Requirements**

Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- SCHOOLS: Must notify school employees, students, and parents (if the students are minors).
- RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS (including nursing homes and care facilities): Must notify tenants.
- BUSINESS PROPERTY OWNERS, MANAGERS, and OR OPERATORS: Must notify employees of businesses located on the property.

This notice is being sent to you by Fallsdale Service Co.

State Water System ID#:361-0021.      Date distributed: June 9<sup>th</sup>, 2017.

# Appendix 3



## Drinking Water Notification to Consumers

### PROOF OF NOTIFICATION

Name of Water System: FALLS LAKE SERVICE CO.

Please explain what caused the problem if you have determined what it was and what steps you have taken to correct it. AN ABOVE GROUND SEPERATED LINE. ACTION TAKEN: RECONNECT WITH RESTRAINT ATTACHMENT. AND RUST IN SUNDOW CREEK TANK. ACTION: FLUSH AND DISINFECT TANK.

Consumers Notified ✓ Yes        No

If not, Explain:       

Date of Notification: JUNE 5th, 2017 NOTIFICATION WAS DATED JUNE 9th, 2017  
DISTRIBUTED JUNE 5th, 2017

On the date of notification set forth above, I served the above referenced document(s) on the consumers by:

- ✓ Sending a copy through the U.S. Mail, first class, postage prepaid, addressed to each of the resident(s) at the place where the property is situated, pursuant to the California Civil Code. Attach copy of Notice.
- Newspaper (if the problem has been corrected). Attach a copy of Notice.
- Personally hand-delivering a copy to each of the consumers. Attach a copy of Notice.
- ✓ Posted on a public bulletin board, that will be seen by each of the consumers (for small, non-community water systems with prior Division approval). Attach copy of Notice.

I hereby declare the forgoing to be true and correct under penalty of perjury.

Dated: JUNE 6th, 2017

[Signature]  
Signature of Person Serving Notice

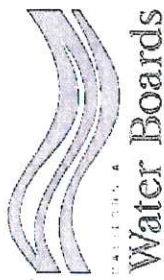
**\*\*Notice:** Complete this Proof of Notification and return it along with a copy of the notification to the Division within 10 days of receipt of giving public notice.

Disclosure: Be advised that the California Health and Safety Code states that any person who knowingly makes a false statement on any report or document submitted for the purpose of compliance with the attached order may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for each separate violation for each day that violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by fine of not more than twenty-five thousand dollars (\$25,000) for each day of violation, or be imprisoned in county jail not to exceed one year or by both the fine and imprisonment.

# Appendix 4



# REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT Simple Systems with a Well and Storage/Pressure Tank and No Treatment



This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016] and may be modified to take into account conditions unique to the water system. To avoid a violation, an assessment report must be completed and returned to your local regulatory agency no later than 30 days after the trigger date.

## ADMINISTRATIVE INFORMATION

Entity Name: FALLS VALLEY SERVICE CO.	Name	System Address & Email	Telephone Number
PWSID NUMBER: 301-0021 System Type: G.W.	BILL FORGUES	41304 VALLEY OF THE FALLS DR. FOREST FALLS, CA. 92339	909-794-3890
Operator in Responsible Charge (ORC)	JOAQUIN J. BAEZA		SAME
Person that collected TC samples if different than ORC	PUBLICLY OWNED		
System Owner	CUNICAL LABORATORY OF SAN BERNARDINO		
Certified Laboratory for Microbiological Analyses			
Date Investigation Completed: 5-24-17			
Month(s) of Coliform Treatment Technique Trigger: MAY 2017, LESS THAN ONE MONTH			

## INVESTIGATION DETAILS

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS (attach additional pages if needed)
1. Inspect each well head for physical defects and report	BIG FALLS	SNOW CREEK	V	N/A	N/A	N/A
a. Is raw water sample tap upstream from point of disinfection?	YES	YES	YES	N/A	N/A	N/A
b. Is wellhead vent pipe screened?	YES	YES	YES	N/A	N/A	N/A
c. Is wellhead seal watertight?	YES	YES	YES	N/A	N/A	N/A
d. Is well head located in pit or is any piping from the wellhead submerged?	NO	NO	NO	N/A	N/A	N/A
e. Does the ground surface slope towards well head?	NO	NO	NO	N/A	N/A	N/A
f. Is there evidence of standing water near the wellhead?	NO	NO	NO	N/A	N/A	N/A
g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)	NO	NO	NO	N/A	N/A	N/A
h. Is the wellhead secured to prevent unauthorized access?	YES	YES	YES	N/A	N/A	N/A
i. How often do you take a raw water total coliform (TC) test?	ONCE / MONTH / ONE / MONTH	ONCE / MONTH / ONE / MONTH	ONCE / MONTH / ONE / MONTH	N/A	N/A	N/A
j. Provide the date and result of the last TC test at this location	5/17/17	5/17/17	5/17/17	N/A	N/A	N/A

## STORAGE

STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
1. Is each tank locked to prevent unauthorized access?	SNOW CREEK	ROCKY CREEK	ALGER DR.	ALGER DR.	N/A
2. Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank?	YES	YES	YES	YES	N/A
3. Is the overflow on each tank screened?	YES	YES	YES	YES	N/A
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?	NO	NO	NO	NO	N/A



# REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM

## Simple Systems with a Well and Pressure Tank and No Treatment

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STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
5. Is the roof/cover of the tank sealed and free of any leaks?	ROCK	VEDAR	ALGER	SNOWCREEK		
6. Is the tank above ground or buried?	YES	YES	YES	YES		NONE
a. If buried or partially buried, are there provisions to direct surface water away from the site.	ABOVE	ABOVE	ABOVE	ABOVE		NONE
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?	N/A	N/A	N/A	N/A		NONE
7. Does the tank "float" on the distribution system or are there separate inlet and outlet lines?	YES	YES	YES	YES		NONE
8. What is the measured chlorine residual (total/free) of the water exiting the storage tank today?	SEPARATE LINES	SEPARATE LINES	SEPARATE LINES	SEPARATE LINES		NONE
9. What is the volume of the storage tank in gallons?	1.5 PPM	1.5 PPM	1 PPM	1.00 PPM		NONE
10. Is the tank baffled?	100 K	100 K	45 K	140 K		NONE
11. Prior to the TC+ or EC+, what was the previous date item #1-6 were checked and documented?	NO	NO	NO	NO		NONE
	YES	YES	YES	YES		NONE

PRESSURE TANK	TANK (name)	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
1. What is the volume of the pressure tank?	N/A	N/A	N/A	N/A		NO PRESSURE TANKS
2. What is the age of the pressure tank?	N/A	N/A	N/A	N/A		IN SYSTEM
3. Is the pressure tank bladder type or air compressor type?	N/A	N/A	N/A	N/A		
4. Did the pressure tank(s) deviate from normal operating pressure?	N/A	N/A	N/A	N/A		
5. Is the compressor pump running more often than normal?	N/A	N/A	N/A	N/A		
6. Is the tank bladder broken and the tank water logged?	N/A	N/A	N/A	N/A		
7. Is the tank(s) damaged, rusty, leaking, or has holes?	N/A	N/A	N/A	N/A		
8. Was there any recent work performed?	N/A	N/A	N/A	N/A		
9. Is the air relief vent (if there is one) on the pressure tank screened and facing downwards?	N/A	N/A	N/A	N/A		
10. Can the inside of the pressure tank be visually inspected thru an inspection port? If so, when was the last time it was inspected?	N/A	N/A	N/A	N/A		

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	55 PSI
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the total coliform positive finding?	NO.
3. Has the distribution system been worked on within the last week? (service taps, hydrant flushing, main breaks, main extensions, etc.) If yes, provide details.	NO.



# REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM

## Simple Systems with a Well and Pressure Tank and No Treatment

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DISTRIBUTION SYSTEM	SYSTEM RESPONSES
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	NONE.
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	YES. NO MAINLINE LEAK.
6. If there was a mainline leak, when was it repaired?	N/A
7. On what date was the distribution system last flushed?	3-15-17
8. Is there a written flushing procedure you can provide for our review?	YES.
9. Do you have an active cross connection control program?	YES
10. What is name and phone number of your Cross-Connection Control Program Coordinator?	BASIC BACKFLOW - 909-981-0898
11. Have all backflow prevention devices in the distribution system been tested annually and repaired/replaced if they did not pass and retested afterwards?	YES.
12. On what date was the last physical survey of the system done to identify cross-connections?	SUMMER OF 2002 - CROSS CONNECTION SURVEY WILL BE CONDUCTED 2017

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	4 <sup>th</sup> Repeat Sample (specify)
1. What is the height of the sample tap above grade? (inches)	41304 FALLS DR 42"	N/A	9398 QUEBENS DR 38"	N/A
2. Is the sample tap located in an exterior location or is it protected by an enclosure?	ENCLOSURE	N/A	EXTENDED	N/A
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?	NONE	N/A	THREADED	N/A
4. Is the sample tap in good condition, free of leaks around the stem or packing?	YES	N/A	YES	N/A
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?	YES	N/A	YES	N/A
6. Is the sample tap and area around the sample tap clean and dry (free of animal droppings, other contaminants or spray irrigation systems)	YES	N/A	YES	N/A
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection?	YES	N/A	YES	N/A
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)	RAN WATER FLAMED	N/A	RAN WATER FLAMED	N/A
9. Is this sample tap designated on the bacteriological sample siting plan (BSSP) as a routine or repeat site?	YES	N/A	YES	N/A
10. Were the samples delivered to the laboratory in a cooler and within the allowable holding time?	YES	YES	YES	N/A
11. What were the weather conditions at the time of the positive sample (rainy, windy, sunny)?	SUNNY	SUNNY	SUNNY	SUNNY



# REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM

## Simple Systems with a Well and Pressure Tank and No Treatment

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GENERAL OPERATIONS:		Response
1. Has the sampler(s) who collected the samples received training on proper sampling techniques? If yes, please indicate date of last training.		YES. 10-16-16
2. Does the water system have a written sampling procedure and was it followed?		YES.
3. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC+ findings?		NO.
4. Were there any main breaks, water outages, or low pressure reported in the service area from which TC+ or EC+ samples were collected?		NO.
5. Does the system have backup power or elevated storage?		YES.
6. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?		NO.
7. What were the symptoms of illness if you received complaints about customers being sick?		NO.

**SUMMARY:** Based on the results of your assessment and any other available information, what deficiencies do you believe to have caused the positive total coliform sample(s) within your distribution system? (DO NOT LEAVE BLANK)

Deficiency #	Deficiency Description
1.	A THREE INCH GALVANIZED STEEL LINE HAD SLIPPED AT A BOLTED COUPLED CAUSING IT TO
2.	SUCK IN AIR. NO WATER LEAKED OUT. MOSS HAD FORMED AT THE SEPERATION. NO DEBRIS
3.	ENTERED THE LINE BECAUSE IT IS AN ABOVE GROUND FEED FROM OUR MAIN SOURCE. IT IS A
4.	GRAVITY FEED SOURCE. HORIZONTAL WELL. BEFORE AND AFTER PICTURES ARE ATTACHED FOR YOUR
5.	REVIEW.

**CORRECTIVE ACTIONS:** What actions have you taken to correct the above mentioned deficiencies? If additional time is needed to correct a deficiency, indicate the date that it will be corrected. (DO NOT LEAVE BLANK)

Deficiency #	Corrective Action	Completion/Proposed Date
1.	THE GRAVITY FEED SOURCE LINE IS IN A CANYON WITH PIPE BRIDGES	
2.	SUSPENDING IT. WHEREVER A BOLTED COUPLED IS, WE WILL INSTALL	
3.	HEAVY DUTY SLIP RESTRAINTS TO PREVENT ANY MORE PIPE SLIPPAGE.	
4.	THERE WILL ALSO BE INCREASED MONITORING OF THE SECTION.	10-30-17
5.	SUPERIOR TANK SOLUTIONS WILL VISUALLY INSPECT TANKS FOR RUST	10-30-17

ACCUMULATION IN THE INTERIOR.



REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM  
Simple Systems with a Well and Pressure Tank and No Treatment

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**CERTIFICATION:** I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**NAME:** JOAQUIN J. BAEZ **TITLE:** SUPERINTENDENT **DATE:** 5-24-17

**Upon review of the Level 1 Assessment Form, the local regulatory agency may require submittal of the following additional information:**

- Sketch of system showing all sources, all treatment and chlorination locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
- A set of photographs of the source, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by the local regulatory agency.
- Name, certification level and certificate number of the Operator in Responsible Charge.
- Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.

Before





After



### Deficiency Description:

Snow Creek well was tested below the Snow Creek tank for coli-form. When it came back TC- positive the well was tested above the tank site and came back absent. This method allowed us to determine that the presence of coli-form was entering at the tank. Upon further tank inspection, rust accumulation had broken off inside the tank and had entered the distribution system. These rust particles were the cause of the presence of total coli-form.

### Corrective actions:

Chlorinating the entire system and flushing the Snow Creek tank. Follow up samples on all bacteria sites were absent. Superior Tank Solutions was contacted to remedy the problem in Snow Creek tank. Interior cleaning and coating repairs will be conducted inside the tank in October of 2017.



# Appendix 5

## State Water Resources Control Board

Division of Drinking Water

San Bernardino District Office, 464 W. 4th Street, Suite 437, San Bernardino, CA 92401, (909) 383-4328

# TOTAL COLIFORM AND GROUNDWATER RULE MONITORING PLAN

### A. System Information:

Name of System:	_____	System Number:	_____
Street Address:	_____	Phone Number:	_____
Consecutive, Wholesaler or Neither:	_____	Fax Number:	_____
Provide Continuous 4-log treatment of Viruses <input type="checkbox"/> YES <input type="checkbox"/> NO			
(if yes, submit a Monthly CT Calculation Report to DDW in addition to plan)			
# Service Connections:	_____	Population Served:	_____
Coliform Sampling Frequency (# per week /month and rotation): _____			

### B. Sample Collection:

All water samples will be collected by: \_\_\_\_\_

Name of Laboratory: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

State Lab Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

The Laboratory was sent a copy of this plan on: \_\_\_\_\_

### C. Map of System:

A map of the distribution system showing the source (well, spring, etc.), storage tanks, treatment facilities, distribution piping, routine sample locations, and follow-up (repeat) sample locations is required. Have you enclosed this map? ☐ YES ☐ NO

Explain: \_\_\_\_\_

### D. Consecutive Systems:

Does your system purchase groundwater? ☐ YES ☐ NO

If yes, contact the wholesaler within 24 hours of notification of a TC+ Distribution Sample.

Wholesaler: _____	Contact: _____	Phone Number: _____
Wholesaler: _____	Contact: _____	Phone Number: _____

### E. Wholesaler Systems:

Does your system sell groundwater? ☐ YES ☐ NO

If yes, collect source(s) samples within 24 hours of being notified by a consecutive system.

If source sample is fecal indicator positive, contact all consecutive systems within 24 hours\*:

System: _____	Contact: _____	Phone Number: _____
System: _____	Contact: _____	Phone Number: _____
System: _____	Contact: _____	Phone Number: _____

\*A Tier 1 notice is required for all fecal indicator positive source samples

# TOTAL COLIFORM AND GROUNDWATER RULE MONITORING PLAN

## F. Distribution Sample Locations:

The following describes each routine sample location. If the laboratory notifies of a positive coliform sample, the routine, upstream, downstream, and sources will be sampled within 24 hours of being notified by the laboratory of a positive coliform result. Sample tap type should be indicated (hose bib, etc.) . If the routine sample location is positive, the source(s) affecting it will be sampled within 24 hours. Only sources in use during the time of initial sampling will be required to be sampled (production log required):

<b>Site 1 Routine Sample Location:</b>	<b>Sources to sample:</b>
Upstream Sample Location (within 5 service connections):	
Downstream Sample Location (within 5 service connections):	
Additional Sample Location (if collect 4 repeat samples):	
<b>Site 2 Routine Sample Location:</b>	<b>Sources to sample:</b>
Upstream Sample Location (within 5 service connections):	
Downstream Sample Location (within 5 service connections):	
<b>Site 3 Routine Sample Location:</b>	<b>Sources to sample:</b>
Upstream Sample Location (within 5 service connections):	
Downstream Sample Location (within 5 service connections):	
<b>Site 4 Routine Sample Location:</b>	<b>Sources to sample:</b>
Upstream Sample Location (within 5 service connections):	
Downstream Sample Location (within 5 service connections):	
<b>Site 5 Routine Sample Location:</b>	<b>Sources to sample:</b>
Upstream Sample Location (within 5 service connections):	
Downstream Sample Location (within 5 service connections):	
<b>Site 6 Routine Sample Location:</b>	<b>Sources to sample:</b>
Upstream Sample Location (within 5 service connections):	
Downstream Sample Location (within 5 service connections):	
Attach additional sheets as needed.	

# TOTAL COLIFORM AND GROUNDWATER RULE MONITORING PLAN

## G. Follow up to positive samples

If more than one ROUTINE sample is total Coliform positive or there is an E.coli positive sample, notification will be given to the State Water Resources Control Board, Division of Drinking Water, San Bernardino District, within 24 hours at (909) 383-4328. If necessary, please reference the emergency contacts listed on the District's most recent Emergency Notification Plan.

If the REPEAT bacteriological sample in the distribution system is E. coli positive, REPEAT samples for an E. coli positive are total coliform positive, or the water system does not test for E. coli in the REPEAT sample, the system must conduct Tier 1 public notification and notify the Division within 24 hours of being notified of the E. coli positive source sample result.

A Level 1 Assessment performed by the public water system will be triggered if:

- A system collecting fewer than 40 samples per month has 2 or more TC+ routine/repeat samples in the same month.
- A system collecting at least 40 samples per month has greater than 5.0% of the routine/repeat samples in the same month that are TC+.
- A system fails to take every required repeat sample after any single TC+ sample.

A Level 2 Assessment performed by the state will be triggered if:

- A system incurs an E. coli MCL violation
- A system has a second Level 1 Assessment within a rolling 12-month period

If a public water system for which fewer than five routine samples/month are collected has one or more total-coliform positive samples, the water supplier shall collect at least five routine samples the following month.

## H. Routine Raw Water Sampling:

Is water continuously treated with chlorine? ☐ YES ☐ NO

Systems which provide continuous chlorine treatment should take samples of water prior to the addition of chlorine (raw water samples) at least on a quarterly basis. Surface water sources or groundwater under the influence of surface water are required to sample that raw source monthly for total coliform and *E.coli* using density analysis per 22 CCR 64654.8. Please list below the sources which are continuously treated and the months when raw water samples will be taken:

1. _____	Months sampled: _____
2. _____	Months sampled: _____
3. _____	Months sampled: _____
4. _____	Months sampled: _____
5. _____	Months sampled: _____

\*Attach additional sheets if needed.

## I. Submittal

Report Prepared by: \_\_\_\_\_


Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Appendix 6

**MONTHLY SUMMARY OF REVISED TOTAL COLIFORM RULE DISTRIBUTION SYSTEM MONITORING**  
**(including triggered source monitoring for systems subject to the Groundwater Rule)**

System Name <b>FALLSVALE SERVICE CO.</b>	System Number <b>CA I.D. # 361-0021</b>
Sampling Period <b>MAY</b>	Year <b>2017</b>

	Number Required	Number Collected	Number Total Coliform Positives	Number E.coli Positives
1. Routine Samples (see note 1)	<u>4</u>	<u>4</u>	<u>2</u>	<div style="border: 1px solid black; padding: 2px;">0</div>
2. Repeat Samples following samples that are Total Coliform Positive and <i>E.coli</i> Negative (see notes 10 and 11)		<u>5</u>	<u>2</u>	<div style="border: 1px solid black; padding: 2px;">0</div>
3. Repeat Samples following Routine Samples that are <b>Total Coliform Positive and <i>E. coli</i> Positive</b> (see notes 10 and 11)		<u>0</u>	<div style="border: 1px solid black; padding: 2px;">0</div>	<div style="border: 1px solid black; padding: 2px;">0</div>
4. Treatment Technique (TT)/MCL Violation Computation for Total Coliform/ <i>E. coli</i> Positive Samples				
a. Totals (sum of columns)	<u>4</u>	<u>9</u>	<u>4</u>	<div style="border: 1px solid black; padding: 2px;">0</div>
b. If 40 or more samples collected in month, determine percent of samples that are total coliform positive [(total number positive/total number collected) x 100] %	<u>0</u>	%		
c. Did the system trigger... a Level 2 Assessment TT? (see notes 2, 3, 4, 5 and 6 for trigger info)		Yes	<input checked="" type="checkbox"/> No	
If a Level 2 Assessment is triggered, see note 8 below.				
a Level 1 Assessment TT? (see note 7 for trigger info)		<input checked="" type="checkbox"/> Yes	No	
If a Level 1 Assessment is triggered, see note 9 below.				
5. Triggered Source Samples per Groundwater Rule (see notes 12 and 13)		<u>3</u>	<u>2</u>	<div style="border: 1px solid black; padding: 2px;">0</div>
6. Invalidated Samples (Note what samples, if any, were invalidated; who authorized the invalidation; and when replacement samples were collected. Attach additional sheets, if necessary.)				
7. Summary Completed By:				
Signature 	Title <b>SUPERINTENDENT</b>	Date <b>5-31-17</b>		

## NOTES AND INSTRUCTIONS:

1. Routine samples include:
  - a. Samples required pursuant to 22 CCR Section 64423 and any additional samples required by an approved routine sample siting plan established pursuant to 22 CCR Section 64422.
  - b. Extra samples are required for systems collecting less than five routine samples per month that had one or more total coliform positives in previous month;
  - c. Extra samples for systems with high source water turbidities that are using surface water or groundwater under direct influence of surface water and do not practice filtration in compliance with regulations;
2. Note: For a repeat sample following a total coliform positive sample, any *E.coli* positive repeat (boxed entry) constitutes an MCL violation and requires immediate notification to the Division (22, CCR, Section 64426.1).
3. Note: For repeat sample following a *E.coli* positive sample, any total coliform positive repeat (boxed entry) constitutes an MCL violation and requires immediate notification to the Division (22, CCR, Section 64426.1).
4. Note: Failure to take all required repeat samples following an *E. coli* positive routine sample (22, CCR, Section 64426.1) constitutes an MCL violation and requires immediate notification to the Division (22, CCR, Section 64426.1).
5. Note: Failure to test for *E. coli* when any repeat sample tests positive for total coliform (22, CCR, Section 64426.1) constitutes an MCL violation and requires immediate notification to the Division (22, CCR, Section 64426.1).
6. Note: Second Level 1 treatment technique trigger in a rolling 12-month period.
7. Total coliform Treatment Technique (TT) Violation (Notify Department within 24 hours of TT violation):
  - a. For systems collecting less than 40 samples, if two or more samples are total coliform positive, then the TT is violated and a Level 1 Assessment is required.
  - b. For systems collecting 40 or more samples, if more than 5.0 percent of samples collected are total coliform positive, then the TT is violated and a Level 1 Assessment is required.
8. Contact the Division as soon as practical to arrange for the division to conduct a Level 2 Assessment of the water system. The water system shall complete a Level 2 Assessment and submit it to the Division within 30 days of learning of the trigger exceedance.
9. Conduct a Level 1 Assessment in accordance with as soon as practical that covers the minimum elements (22, CCR, Section 64426.8 (a), (2). Submit the report to the Division within 30 days of learning of the trigger exceedance.
10. Positive results and their associated repeat samples are to be tracked on the Coliform Monitoring Worksheet.
11. Repeat samples must be collected within 24 hours of being notified of the positive results. For systems collecting more than one routine sample per month, three repeat samples must be collected for each total coliform positive sample. For systems collecting one or fewer routine samples per month, four repeat samples must be collected for each total coliform positive sample. At least three samples shall be taken the month following a total coliform positive.

# COLIFORM MONITORING WORKSHEET

( COMPLETED FOR POSITIVE ROUTINE SAMPLES, ALL REPEAT SAMPLES, AND ALL TRIGGERED SOURCE SAMPLES)

Page 1 of 1  
Report Month May Year 2017

Routine Samples <sup>9</sup>			Repeat Samples <sup>6</sup>				Triggered Source Samples <sup>8</sup>				
TC+ Sample Date	TC+ Sample Site ID	<sup>12</sup> E. coli Results	Repeat Collection Date	Repeat Sample Site IDs <sup>10</sup>	Coliform Results (Check one box)			Source Sample Date	Groundwater Source(s) Sampled	<sup>12</sup> TC Results	<sup>11,12</sup> E. coli Results
					TC-	TC+ BUT E. coli -	TC+ AND E. coli +				
5/15/17	41304 Falls Dr.	(+) ⊖	5/16/17	1 41304 Falls Dr.		X		5/16/17	Snow Creek Well	⊕ -	(+ ⊖)
			5/17/17	2 41304 Falls Dr.		X		5/17/17	Snow Creek Well	(+ ⊖)	(+ ⊖)
			5/17/17	3 93981 Quercus Ln		X				(+ / -)	(+ / -)
			5/18/17	4 41304 Falls Dr.	X					(+ / -)	(+ / -)
		(+) / -	5/18/17	93981 Quercus Ln	X					(+ / -)	(+ / -)
			2						(+ / -)	(+ / -)	
			3						(+ / -)	(+ / -)	
			4						(+ / -)	(+ / -)	
5/15/17	Snow Creek Well	(+) ⊖	5/16/17	1 Snow Creek Well		X				(+ / -)	(+ / -)
			5/17/17	2 Snow Creek Well	X					(+ / -)	(+ / -)
			3						(+ / -)	(+ / -)	
			4						(+ / -)	(+ / -)	
		(+) / -	1						(+ / -)	(+ / -)	
			2						(+ / -)	(+ / -)	
			3						(+ / -)	(+ / -)	
			4						(+ / -)	(+ / -)	
		(+) / -	1						(+ / -)	(+ / -)	
			2						(+ / -)	(+ / -)	
			3						(+ / -)	(+ / -)	
			4						(+ / -)	(+ / -)	
		(+) / -	1						(+ / -)	(+ / -)	
			2						(+ / -)	(+ / -)	
			3						(+ / -)	(+ / -)	
			4						(+ / -)	(+ / -)	
		(+) / -	1						(+ / -)	(+ / -)	
			2						(+ / -)	(+ / -)	
			3						(+ / -)	(+ / -)	
			4						(+ / -)	(+ / -)	
		(+) / -	1						(+ / -)	(+ / -)	
			2						(+ / -)	(+ / -)	
			3						(+ / -)	(+ / -)	
			4						(+ / -)	(+ / -)	
		(+) / -	1						(+ / -)	(+ / -)	
			2						(+ / -)	(+ / -)	
			3						(+ / -)	(+ / -)	
			4						(+ / -)	(+ / -)	

Comments:

## NOTES AND INSTRUCTIONS:

- Repeat samples must be collected within 24 hours of being notified of the positive results. For systems collecting more than one routine sample per month, three repeat samples must be collected for each total coliform positive sample. For systems collecting one or fewer routine samples per month, four repeat samples must be collected for each total coliform positive sample.
- For triggered sample(s) required as a result of a total coliform routine positive sample, an E.coli, enterococci, or coliphage positive triggered sample (boxed entry) requires immediate notification to the Department, Tier 1 public notification, and corrective action.
- Also include any data for positive samples that occurred in the previous month that led to repeat monitoring occurring in the reporting month. Include location and indicate if the routine sample was either positive or negative for E.coli or Fecal Coliforms.
- For systems serving ≤ 1000 persons that collect one or fewer routine samples per month, a triggered source water sample may be used as the fourth repeat, as noted in an approved plan, if E. coli was the indicator used. Show result in GW source column too.
- The Department recommends using E. coli (see note 8). If enterococci or coliphage is used, note which in the comment box below.
- Circle the appropriate result.

Abbreviations: TC = Total Coliform, FC = Fecal Coliform, EC = E. coli



# Clinical Laboratory of San Bernardino, Inc.

*Celebrating 50 Years of Analytical Service 1967-2017*



**Client:** Fallsvale Service Co.  
41304 Valley of the Falls  
Forest Falls CA, 92339

**Contact:** Paul Forgues  
**Phone:** (909) 794-3896  
**Fax:**  
**System:** 3610021

**Project:** Routine  
**Sub Project:** Microbiology  
**Sampler:** Joaquin Baeza  
**Sampled:** 05/15/17  
**Received:** 05/15/17 13:45  
**Reported:** 05/17/17

## RESULTS

Laboratory	Sample	Sample	Total Coliform	E. Coli
ID	Time	Location	P/A	P/A
17E1312-01	11:01	Big Falls Well	A	A
17E1312-02	11:15	41304 Falls Dr	P [1]	A
17E1312-03	11:27	Snow Creek Well	P [1]	A
17E1312-04	11:40	40987 Falls Dr	A	A

1 = Notified Joaquin 5/16/17, 1257

Gregory Nelson  
Project Manager



# Chain of Custody

wo 17E1312

**21881 Barton Road Grand Terrace CA 92313 909 825-7693 / 516-A N 8th St. Lompoc CA 93436 805 737-7300**

[illegible]

# Clinical Laboratory of San Bernardino, Inc.

*Celebrating 50 Years of Analytical Service 1967-2017*



**Client:** Fallsvale Service Co.  
41304 Valley of the Falls  
Forest Falls CA, 92339

**Contact:** Paul Forgues  
**Phone:** (909) 794-3896  
**Fax:**  
**System:** 3610021

**Project:** Routine  
**Sub Project:** Microbiology  
**Sampler:** Joaquin Baeza  
**Sampled:** 05/16/17  
**Received:** 05/16/17 16:28  
**Reported:** 05/18/17

## RESULTS

Laboratory	Sample	Sample	Total Coliform	E. Coli
ID	Time	Location	P/A	P/A
17E1514-01	14:40	41304 Falls Dr	P [1]	A
17E1514-02	15:10	Snow Creek Well	P [1]	A
1 = Notified Joaquin 5/17/17, 1446				

Gregory Nelson  
Project Manager



***Clinical Lab of San Bernardino, Inc.***

**21881 Barton Road Grand Terrace CA 92313 909 825-7693 / 516-A N 8th St. Lompoc CA 93436 805 737-7300**

# Chain of Custody

WO 1751514

[illegible]



# Clinical Laboratory of San Bernardino, Inc.

*Celebrating 50 Years of Analytical Service 1967-2017*



**Client:** Fallsvale Service Co.  
41304 Valley of the Falls  
Forest Falls CA, 92339

**Contact:** Paul Forgues  
**Phone:** (909) 794-3896  
**Fax:**  
**System:** 3610021

**Project:** Routine  
**Sub Project:** Microbiology  
**Sampler:** Joaquin Baeza  
**Sampled:** 05/17/17  
**Received:** 05/17/17 17:05  
**Reported:** 05/19/17

## RESULTS

Laboratory	Sample	Sample	Total Coliform	E. Coli
ID	Time	Location	P/A	P/A
17E1680-01	15:56	41304 Falls Dr	P [1]	A
17E1680-02	15:59	9398 Quercus Ln	P [1]	A
17E1680-03	16:18	Snow Creek Well	A	A

1 = Notified Joaquin 5/18/17, 1531

Gregory Nelson  
Project Manager

# Chain of Custody

**21881 Barton Road Grand Terrace CA 92313 909 825-7693 / 516-A N 8th St. Lompoc CA 93436 805 737-7300**

wo 17E168D

[illegible]

# Clinical Laboratory of San Bernardino, Inc.

*Celebrating 50 Years of Analytical Service 1967-2017*



**Client:** Fallsvale Service Co.  
41304 Valley of the Falls  
Forest Falls CA, 92339

**Contact:** Paul Forgues  
**Phone:** (909) 794-3896  
**Fax:**  
**System:** 3610021

**Project:** Routine  
**Sub Project:** Microbiology  
**Sampler:** Joaquin Baeza  
**Sampled:** 05/18/17  
**Received:** 05/18/17 13:30  
**Reported:** 05/22/17

## RESULTS

Laboratory	Sample	Sample	Total Coliform	E. Coli
ID	Time	Location	P/A	P/A
17E1746-01	20:06	41304 Falls Dr	A	A
17E1746-02	20:12	9398 Quercus Ln	A	A

Gregory Nelson  
Project Manager



# Chain of Custody

WO 17E/746

Page      of

# Clinical Laboratory of San Bernardino, Inc.

*Celebrating 50 Years of Analytical Service 1967-2017*



**Client:** Fallsvale Service Co.  
41304 Valley of the Falls  
Forest Falls CA, 92339

**Contact:** Paul Forgues  
**Phone:** (909) 794-3896  
**Fax:**  
**System:** 3610021

**Project:** Routine  
**Sub Project:** Microbiology - General Physical

**Sampler:** Joaquin Baeza  
**Sampled:** 05/25/17

**Received:** 05/25/17 11:26  
**Reported:** 05/30/17

## RESULTS

Laboratory	Sample	Sample	Total Coliform	E. Coli
ID	Time	Location	P/A	P/A
17E2202-01	9:55	41304 Falls Dr	A	A
17E2202-02	10:17	40881 Falls Dr	A	A

Gregory Nelson  
Project Manager

# Clinical Laboratory of San Bernardino, Inc.

*Celebrating 50 Years of Analytical Service 1967-2017*



**Client:** Fallsvale Service Co.  
41304 Valley of the Falls  
Forest Falls CA, 92339

**Contact:** Paul Forgues  
**Phone:** (909) 794-3896  
**Fax:**  
**System:** 3610021

**Project:** Routine  
**Sub Project:** Microbiology - General Physical

**Sampler:** Joaquin Baeza  
**Sampled:** 05/25/17

**Received:** 05/25/17 11:26  
**Reported:** 05/30/17

## RESULTS

Laboratory	Sample	Sample	Apparent Color	Odor Threshold	Turbidity
ID	Time	Location	Color Units	TON	NTU
17E2202-01	9:55	41304 Falls Dr	<3.0	1	0.3

Gregory Nelson  
Project Manager



## Chain of Custody

wo 1753202

**21881 Barton Road Grand Terrace CA 92313 909 825-7693 / 516-A N 8th St. Lompoc CA 93436 805 737-7300**

[illegible]

# Clinical Laboratory of San Bernardino, Inc.

*Celebrating 50 Years of Analytical Service 1967-2017*



**Client:** Fallsdale Service Co.  
41304 Valley of the Falls  
Forest Falls CA, 92339

**Contact:** Paul Forgues  
**Phone:** (909) 794-3896  
**Fax:**  
**System:** 3610021

**Project:** Routine  
**Sub Project:** Microbiology

**Sampler:** Not Listed  
**Sampled:** 06/01/17

**Received:** 06/01/17 08:30  
**Reported:** 06/05/17

## RESULTS

Laboratory	Sample	Sample	Total Coliform	E. Coli
ID	Time	Location	P/A	P/A
17F0152-01	7:14	Snow Creek Tank #1	A	A

Gregory Nelson  
Project Manager

# Chain of Custody

WO 17F0162

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